



THE SUNRISE CITY  
**FORT PIERCE**  
 RETIREMENT AND  
 BENEFIT SYSTEM

*Florida*

## REQUEST FOR HEARING BY THE FORT PIERCE RETIREMENT BOARD

CITY OF FORT PIERCE  
 FORT PIERCE UTILITIES AUTHORITY  
 FOR PIERCE POLICE DEPARTMENT

TO: \_\_\_\_\_  
 City Manager (print name and sign)

THROUGH: \_\_\_\_\_  
 Department Head (print name and sign)

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBJECT:         REQUEST FOR HEARING

I, \_\_\_\_\_ requesting a hearing before the Fort Pierce Retirement Board for the following reason (place initials next to the selected option):

1. (\_\_\_\_) to approve request for normal retirement.
2. (\_\_\_\_) to approve request for disability retirement.
3. (\_\_\_\_) to approve request for Deferred Retirement Option Plan (DROP).
4. (\_\_\_\_) other (please explain):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date



**MEMORANDUM**

**CITY OF FORT PIERCE RETIREMENT & BENEFIT**

**GENERAL & POLICE MEMBERS**

TO: \_\_\_\_\_  
City Manager (print name and sign)

THROUGH: \_\_\_\_\_  
Department Head (print name and sign)

FROM: \_\_\_\_\_

- General Member
- Police Member
- 185 Police Supplemental

DATE: \_\_\_\_\_

SUBJECT: **Employee Request to Retire**

**INSTRUCTIONS:** Complete this memorandum requesting your retirement and turn into your Human Resources/Payroll Office **no less than 45 days** prior to your retirement date.

**Employee Request to Retire**

1. After \_\_\_\_\_ years of service with the \_\_\_\_\_ Department of the City of Fort Pierce, I wish to retire on \_\_\_\_\_.

2. I will continue employment through the Deferred Retirement Option Plan (DROP).

- Yes – Complete Sections A, B, C & E
- No – Complete Section D

**A. Sick Leave**

I would like to cash in \_\_\_\_\_ sick leave hours towards retirement. (Maximum 720 hours)

I would like to carry over \_\_\_\_\_ sick leave hours into the DROP period with the understanding that any unused sick leave hours **will not be** paid out at the end of the DROP period.

**B. Accrued Vacation**

I would like to cash in \_\_\_\_\_ vacation hours now. (Maximum 240 hours)

I would like to carry over \_\_\_\_\_ vacation hours into the DROP period with the understanding that any unused accrued vacation **will be** paid out at the end of the DROP period up to a maximum of 240 hours.



**C. Compensatory Time**

I would like to cash in \_\_\_\_\_ compensatory hours now.

I would like to carry over \_\_\_\_ compensatory hours into the DROP period with the understanding that any unused compensatory hours **will be** paid out at the end of the DROP period.

**D. Insurance Election**

I wish to continue participation with City's Insurance Plans.

Yes - Select the Insurance Coverage to be continued  No

Health:  Employee Only  Employee + 1  Family

Dental:  Employee Only  Employee + 1  Family

**E. Enrollment in DROP**

In the event I elected, above, to continue employment through the Deferred Retirement Option Plan (DROP), then

1. I understand that I must withdraw from DROP, including employment, no later than seventy-two (72) months from the date of \_\_\_\_\_, when I first started to participate in DROP (please initial, to show your understanding of, and agreement with, this requirement): \_\_\_\_\_.

2. I understand that once I leave employment while enrolled in the DROP program, or upon withdrawal from DROP, I cannot thereafter return to employment with either The City of Ft. Pierce, the Police Department, or the Fort Pierce Utilities Authority. That is, when I begin employment in DROP, I am deemed to have submitted an irrevocable resignation, which will take effect immediately upon the date I leave employment and withdraw from DROP (please initial, to show your understanding of, and agreement with, this requirement): \_\_\_\_\_.

3. I have carefully reviewed the requirements for DROP membership and any questions relating to that have been answered to my satisfaction (please initial, to show your understanding of the DROP requirements): \_\_\_\_\_.

**F. Receipt of Correspondence**

I would like to receive correspondence by:

\_\_\_\_\_ Regular Mail                      \_\_\_\_\_ E-mail

Please sign below acknowledging that you have read and understand all sections of this memorandum.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



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# RETIREMENT WORK-UP INFORMATION

FOR

NAME \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: (City/ State/ Zip) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

BENEFICIARY'S NAME: \_\_\_\_\_

RELATIONSHIP TO RETIREE: \_\_\_\_\_

BENEFICIARY'S E-MAIL ADDRESS: \_\_\_\_\_

BENEFICIARY'S PHONE NUMBER: \_\_\_\_\_

BENEFICIARY'S DATE OF BIRTH: \_\_\_\_\_

BENEFICIARY'S SOCIAL SECURITY #:  
(Please Provide a Copy) \_\_\_\_\_

BENEFICIARY'S ADDRESS:  
(If Different) \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_  
(Employee Signature)

Date: \_\_\_\_\_

*\*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.*



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MEMORANDUM

**CITY OF FORT PIERCE RETIREMENT & BENEFIT SYSTEM**

**GENERAL & POLICE MEMBERS**

TO: \_\_\_\_\_  
 Human Resources (print name)

THROUGH: Anna Ward  
 Pension Analyst (print name)

FROM: \_\_\_\_\_  
 Retiree (print name)

DATE: \_\_\_\_\_

**SUBJECT: Verification and Approval**

Adhere to City of Fort Pierce Personnel Rules and Regulations for unused accrued time.

**Verification**

1. **Years of service** without a break \_\_\_\_\_.

2. **Eligible for Accrued Sick Leave Pay out** (Maximum 720).

Yes  No \_\_\_\_\_ hours

3. **Eligible for Accrued Vacation Pay out** (Maximum 360 with a limit of 240 towards pension).

Yes  No \_\_\_\_\_ hours

4. **Eligible for Accrued Compensatory Time Pay out** (Maximum 120).

Yes  No \_\_\_\_\_ hours

**Completed by:** \_\_\_\_\_  
 Human Resources (Print Name & Sign)

**Date:** \_\_\_\_\_